

VETERINARY MEDICAL BOARD
FINAL STATEMENT OF REASONS

Hearing Date: **April 26, 2006**

Section(s) Affected: **2032.4, 2034, 2036, 2036.5**

Updated Information

The Initial Statement of Reasons is included in the file. The information contained therein is updated as follows:

In the modified text, Section 2036.5, subsection (d) should be subsection (c). This was a typographical, non-substantive error.

Following the public hearing, the Board modified the text by removing the following proposed language, that would have become effective January 1, 2012: Section 2036, subsections (b)(1), (b)(6) and (c)(1).

Local Mandate

A mandate is not imposed on local agencies or school districts.

Small Business Impact

The proposed regulatory language will not adversely affect small businesses.

Consideration of Alternatives

No reasonable alternative which was considered or that has otherwise been identified and brought to the attention of the Veterinary Medical Board would be either more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons than the proposed regulation.

Objections or Recommendations/Responses

The following comments were made regarding the proposal:

Action: Board adopted the proposed changes

SUPPORT

Comments:
33, 48, 56, 57, 66, 91, 107, 108, 118, 122, 127, 128, 145, 146, 148, 149-171, 182, 188, 189, 193, 201, 203, 204, 212, 224, 235(duplicate of 212)

SUPPORT – ALL CHANGES. The above comments supported all of the proposed changes.

These comments were accepted.

Comments: 1, 58

SUPPORT – SECTIONS 2032.4, 2034, 2036 (b1), (b2), (b4)

The above comments supported the proposed regulatory changes:

2032.4: Requires an examination be performed 12 hours prior to the administration of general anesthesia and clarifies that an animal under anesthesia must be observed for an appropriate amount of time to ensure its safe recovery; and

Section 2034, includes the following changes:

1. a grammatical amendment, suggested by the Board's legal counsel to change "Board certified" to "certified by the Board."
2. a definition of unregistered assistants as individuals who are not RVTs or licensed veterinarians and a grammatical change to make it easier to understand and to be consistent with the amended section 2034(b),
3. establishes a legal definition of "administer" and "induce". Currently, neither of these terms are defined in the California Veterinary Medicine Practice Act.

2036 (b1) (existing language): expands the scope of authority for RVTs to include anesthesia induction by any means. It is consistent with the proposed amendment to Section 2034(i) establishing the legal definition of "induce."

2036 (b)(2): a grammatical change from "application of casts and splints" to "apply casts and splints."

2036 (b)(4): defines the scope of authority for RVTs by including language regarding specific tissue that can be sutured, e.g., suturing of cutaneous and subcutaneous tissues and gingival and oral mucous membranes.

These comments were accepted and there was no opposition to the proposed changes in these sections.

The Board adopted these sections as proposed.

Comments: 7, 8, 18, 22, 37(duplicate of 22), 109, 181, 59, 199 (duplicate of 59), 211, 215, 238

SUPPORT – SECTIONS 2036 (b5), (b6), (b1), (c1)

The above comments supported the proposed regulatory changes/adoptions:

2036 (b)(5): creates a new task that can be performed by RVTs under direct supervision of a licensed veterinarian. The proposed language restricts the task of "creating a relief hole in the skin to facilitate placement of an intravascular catheter" to licensed veterinarians or to RVTs under direct supervision of a licensed veterinarian.

2036 (b)(1): effective January 1, 2012, restricts to veterinarians and RVTs under direct supervision of a licensed veterinarian, in addition to induction, the maintenance and monitoring of anesthesia. The delayed implementation date is designed to address concerns from the profession of a shortage of RVTs and to allow time for potential RVTs to become eligible for the state examination and to become registered.

2036 (b)(6): effective January 1, 2012, restricts the administration of intravenous cytotoxic antineoplastic chemotherapy drugs to veterinarians or RVTs under direct supervision of a licensed veterinarian.

2036 (c)(1): effective January 1, 2012, restricts the administration of controlled substances via injection to veterinarians or RVTs under direct or indirect supervision of a licensed veterinarian.

Adopted: The Board adopted 2036 (b) (5) as proposed.

Amended: These comments were accepted; however, ultimately, based on all comments submitted during the public comment period and at the hearing, the Board modified the proposed language and removed the provisions that were included in the five-year delayed implementation date for further study – Sections (2036 (b1), (b6) and (c1):

2036 (b)(1): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

2036 (b)(6): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

2036 (c)(1): The Board removed this proposed adoption from the regulatory proposal based on a recommendation from legal counsel. The Board determined that there may be other laws (state and federal) that affect this proposed change and removed the language for further study and input from legal counsel.

Based on the modified proposal, a 15-day notice was mailed to all persons who commented. Those comments will be responded to further in the Final Statement of Reasons.

Comments: 41, 54, 208

SUPPORT – SECTION 2036 (b)(5)

The above comments supported the proposed regulatory changes/adoptions:

2036 (b)(5): creates a new task that can be performed by RVTs under direct supervision of a licensed veterinarian. The proposed language restricts the task of “creating a relief hole in the skin to facilitate placement of an intravascular catheter” to licensed veterinarians or to RVTs under direct supervision of a licensed veterinarian.

These comments were accepted.

Adopted: The Board adopted 2036 (b) (5) as proposed.

Comment: 63

SUPPORT – SECTION 2036 (b)(6)

The above comment supported the proposed regulatory changes/adoptions:

2036 (b)(6): effective January 1, 2012, restricts the administration of intravenous cytotoxic antineoplastic chemotherapy drugs to veterinarians or RVTs under direct supervision of a licensed veterinarian.

Amended: This comment was accepted and the proposed language was modified as follows:

2036 (b)(6): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

Based on the modified proposal, a 15-day notice was mailed to all persons who commented. Those comments will be responded to further in the Final Statement of Reasons.

Comment: 491

SUPPORT – SECTION 2036 (b)(1)

The above comment supported the proposed regulatory changes/adoptions:

2036 (b)(1): effective January 1, 2012, restricts to veterinarians and RVTs under direct supervision of a licensed veterinarian, in addition to induction, the maintenance and monitoring of anesthesia. The delayed implementation date is designed to address concerns from the profession of a shortage of RVTs and to allow time for potential RVTs to become eligible for the state examination and to become registered.

Amended: This comment was accepted, however, the proposed language was modified as follows:

2036 (b)(1) A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study

Based on the modified proposal, a 15-day notice was mailed to all persons who commented. Those comments will be responded to further in the Final Statement of Reasons.

Comment: 38

SUPPORT – SECTIONS 2036 (b)(5), (b)(6)

The above comments supported the proposed regulatory changes/adoptions:

2036 (b)(5): creates a new task that can be performed by RVTs under direct supervision of a licensed veterinarian. The proposed language restricts the task of “creating a relief hole in the skin to facilitate placement of an intravascular catheter” to licensed veterinarians or to RVTs under direct supervision of a licensed veterinarian.

Adopted: The Board adopted 2036 (b)(5) as proposed.

2036 (b)(6): effective January 1, 2012, restricts the administration of intravenous cytotoxic antineoplastic chemotherapy drugs to veterinarians or RVTs under direct supervision of a licensed veterinarian.

Amended: This comment was accepted, however, the proposed language was modified as follows:

2036 (b)(6): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would

outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

Based on the modified proposal, a 15-day notice was mailed to all persons who commented. Those comments will be responded to further in the Final Statement of Reasons.

Comments: 14, 17

SUPPORT – SECTIONS 2036 (b)(6), (c)(1)

The above comments supported the proposed regulatory changes/adoptions:

2036 (b)(6): restrict the administration of intravenous cytotoxic antineoplastic chemotherapy drugs to veterinarians or RVTs under direct supervision.

2036 (c)(1): defines the administration of controlled substances via injection as restricted to veterinarians or RVTs under direct or indirect supervision. There is no existing law, which defines this restriction.

Amended: These comments were accepted, however, the proposed language was modified as follows:

2036 (b)(6): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

2036 (c)(1): The Board removed this proposed adoption from the regulatory proposal based on a recommendation from legal counsel. The Board determined that there may be other laws (state and federal) that affect this proposed change and in removing this section may pursue this in another regulatory proposal at another time.

Based on the modified proposal, a 15-day notice was mailed to all persons who commented. Those comments will be responded to further in the Final Statement of Reasons.

Comment: 209

SUPPORT – SECTIONS 2036 (b)(1), (c)(1)

The above comment supported the proposed regulatory changes/adoptions:

2036 (b)(1) (proposed): effective January 1, 2012, restricts to veterinarians and RVTs under direct supervision of a licensed veterinarian, in addition to induction, the maintenance and monitoring of anesthesia. The delayed implementation date is designed to address concerns from the profession of a shortage of RVTs and to allow time for potential RVTs to become eligible for the state examination and to become registered.

2036 (c)(1): effective January 1, 2012, restricts the administration of controlled substances via injection to veterinarians or RVTs under direct or indirect supervision of a licensed veterinarian.

Amended: This comment was accepted, however, the proposed language was modified as follows:

2036 (b)(1): The Board removed this proposed adoption from the regulatory proposal. In response to concerns from the profession, the Board determined it would create an undo

hardship on veterinary facilities who do not or can not employ registered veterinary technicians. Even in proposing a delayed implementation, the Board determined that this would be too restrictive given the amount of RVTs currently registered in California.

2036 (c)(1): The Board removed this proposed adoption from the regulatory proposal based on a recommendation from legal counsel. The Board determined that there might be other laws (state and federal) that affect this proposed change and removed the language for further study and input from legal counsel.

Based on the modified proposal, a 15-day notice was mailed to all persons who commented. Those comments will be responded to further in the Final Statement of Reasons.

Comments: 65, 135

SUPPORT – SECTIONS 2036 (b)(5), (b)(6), (c)(1)

The above comments supported the proposed regulatory changes/adoptions:

2036 (b)(5): creates a new task that can be performed by RVTs under direct supervision of a licensed veterinarian. The proposed language restricts the task of “creating a relief hole in the skin to facilitate placement of an intravascular catheter” to licensed veterinarians or to RVTs under direct supervision of a licensed veterinarian.

2036 (b)(6): effective January 1, 2012, restricts the administration of intravenous cytotoxic antineoplastic chemotherapy drugs to veterinarians or RVTs under direct supervision of a licensed veterinarian.

2036 (c)(1): effective January 1, 2012, restricts the administration of controlled substances via injection to veterinarians or RVTs under direct or indirect supervision of a licensed veterinarian.

Amended: These comments were accepted, however, and the proposed language was modified as follows:

2036 (b) (5): The Board adopted this section as proposed.

2036 (b)(6): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

2036 (c)(1): The Board removed this proposed adoption from the regulatory proposal based on a recommendation from legal counsel. The Board determined that there might be other laws (state and federal) that affect this proposed change and removed the language for further study and input from legal counsel.

Based on the modified proposal, a 15-day notice was mailed to all persons who commented. Those comments will be responded to further in the Final Statement of Reasons.

Comments: 242, 286

SUPPORT – SECTIONS 2036 (b6), (b1) and (c1)

The above comments supported the proposed regulatory changes/adoptions:

2036 (b)(1): effective January 1, 2012, restricts to veterinarians and RVTs under direct supervision of a licensed veterinarian, in addition to induction, the maintenance and monitoring of anesthesia. The delayed implementation date is designed to address concerns from the profession of a shortage of RVTs and to allow time for potential RVTs to become eligible for the state examination and to become registered.

2036 (b)(6): effective January 1, 2012, restricts the administration of intravenous cytotoxic antineoplastic chemotherapy drugs to veterinarians or RVTs under direct supervision of a licensed veterinarian.

2036 (c)(1): effective January 1, 2012, restricts the administration of controlled substances via injection to veterinarians or RVTs under direct or indirect supervision of a licensed veterinarian.

Amended: These comments were accepted, however, and the proposed language was modified as follows:

2036 (b)(1): A large number of comments voiced concern over the implementation of this section due a stated "shortage" of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

2036 (b)(6): A large number of comments voiced concern over the implementation of this section due a stated "shortage" of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

2036 (c)(1): The Board removed this proposed adoption from the regulatory proposal based on a recommendation from legal counsel. The Board determined that there may be other laws (state and federal) that affect this proposed change and removed the language for further study and input from legal counsel.

Based on the modified proposal, a 15-day notice was mailed to all persons who commented. Those comments will be responded to further in the Final Statement of Reasons.

OPPOSED

Comments: 6, 64, 251, 257, 270, 274, 278, 289, 294, 298, 299 (dup of 294), 301-303, 313, 316, 324-27, 336, 338-40, 345, 47, 350-51, 354, 360, 404, 406, 411, 415, 416-17, 423, 426-38, 430-36, 445-51, 471-72, 499, 500-508

OPPOSED – ALL CHANGES

SECTIONS 2032.4, 2034, 2036.5 and 2036 (b)(1), (b)(2), (b)(3) and (b)(4)

The above comments were opposed to the proposed regulatory changes/adoptions.

Sections 2032.4, 2034, and 2036.5 - The Board rejected the comments regarding these sections.

The Board determined that the minor grammatical and non-substantive changes to sections 2032.4, 2034, and 2036.5 were necessary for clarity reasons.

Sections 2036(b)(1), 2036(b)(2), 2036(b)(3), 2036 (b)(4) -The Board rejected the comments regarding these sections:

The change to existing language in 2036 (b)(1), to limit all aspects of the anesthesia induction to licensed or certified personnel is based on the high potential for harm or death of an animal during the process of anesthesia induction.

The changes to Section 2036 (b)(2-4) are grammatical in nature to put the language in plain English and make it clearer and easier to read.

Section 2036 (b)(5) - The Board rejected the comments regarding this section and adopted it as proposed:

By law, only veterinarians may perform surgery on animals; however, based on testimony and evidence submitted during public meetings over a two year period and testimony submitted during the public comment period, the Board determined that creating a relief hole in the skin for the specific purpose of facilitating placement of an intravascular catheter is a very limited procedure that does not constitute surgery. This procedure may be necessary to create an access hole in cases of severe dehydration, low blood pressure, shock or other conditions that prevent normal placement of the intravascular catheter. The new, multi-lumen catheters require a slightly larger access hole in the skin to facilitate catheter placement.

The Board has determined that the procedure involved in creating a small relief hole in the skin to facilitate intravascular catheter placement does require training and skill at the level of an RVT and direct supervision, but that performing the actual procedure does not require the skills and knowledge of a veterinarian.

Comments #509 and 510 support authorizing RVTs to perform this task, dispute the contention that creating a small relief hole in the skin to facilitate placement of the new “multi-lumen” catheters is surgery and provide a detailed description (with photographs) of the procedure by which the relief hole is created and the catheters are inserted.

In Business and Professions Code, Section 4836, the California Legislature has authorized Veterinary Medical Board to establish animal health care tasks and an appropriate degree of supervision required for those tasks that may be performed only by a registered veterinary technician or a veterinarian. The Veterinary Practice Act does not define surgery and the Board has, in the past, made determinations as to whether a procedure is surgery on a case-by-case basis.

One example of a task in which the Board originally determined the procedure to be surgery and then reversed its decision several years later is the microchip implantation procedure. When identification microchip implantation procedures were first introduced, the Board determined that the procedure was surgery based on the size of the needle used to implant the microchip (12 gauge). After approximately four (4) years and after several million microchips were implanted with no complications, the Board reversed its position and determined that, not only was the microchip implantation procedure not surgery, it was not even the practice of veterinary medicine, thus allowing the procedure to be performed at animal shelters and/or veterinary hospitals by RVTs and unregistered assistants.

There are multiple procedures performed in a veterinary setting that require penetrating the skin with a sharp object that do not constitute surgery. Such procedures include suturing the skin, injections, drawing blood samples, drawing urine samples from the bladder and placing intravascular catheters. These procedures are not considered surgery, in spite of the fact that they all require cutting the skin. In fact, under existing law, all of these procedures, except for suturing of the skin, may be delegated by a veterinarian to an unregistered assistant.

The RVT job tasks established by the Board are permissive in nature and do not require mandatory delegation. Veterinarians who do not have RVTs on staff, or who do not feel that the RVTs they do have are qualified, are not obligated to delegate any particular task to an RVT and may always choose to perform any particular task themselves.

Comments: 1, 2, 4, 5, 9-16, 19, 21, 23-32, 34-36, 39-47, 49-55, 58, 60-62, 67-90, 92-104, 106, 110-117, 119-121, 123-126, 130-134, 136-144, 172-180, 183-187, 190-192, 194-198, 200, 202, 205, 206, 207, 210, 213, 214, 216-223, 225-228, 229-233, 236-237, 239-241, 253-56, 258-67, 275-77, 279-82, 291, 300, 304-12, 314-15, 317-19, 328-35, 337, 341, 343-44, 348-49, 352-53, 382, 413, 420-22, 425, 428, 438-44, 470, 473, 475-77, 480, 483-88, 496

OPPOSED – SECTIONS 2036 (b5), (b6), (b1) and (c1)

The above comments were opposed to the proposed regulatory changes/adoptions.

2036 (b)(5): creates a new task that can be performed by RVTs under direct supervision of a licensed veterinarian. The proposed language restricts the task of “creating a relief hole in the skin to facilitate placement of an intravascular cathether” to licensed veterinarians or to RVTs under direct supervision of a licensed veterinarian.

2036 (b)(1): effective January 1, 2012, restricts to veterinarians and RVTs under direct supervision of a licensed veterinarian, in addition to induction, the maintenance and monitoring of anesthesia. The delayed implementation date is designed to address concerns from the profession of a shortage of RVTs and to allow time for potential RVTs to become eligible for the state examination and to become registered.

2036 (b)(6): effective January 1, 2012, restricts the administration of intravenous cytotoxic antineoplastic chemotherapy drugs to veterinarians or RVTs under direct supervision of a licensed veterinarian.

2036 (c)(1): effective January 1, 2012, restricts the administration of controlled substances via injection to veterinarians or RVTs under direct or indirect supervision of a licensed veterinarian.

The comments regarding section 2036 (b)(1), (b)(6) and (c)(1) were accepted and the following modification was made:

2036 (b)(1): The Board removed this proposed adoption from the regulatory proposal. In response to concerns from the profession, the Board determined it would create an undo hardship on veterinary facilities who do not or can not employ registered veterinary technicians. Even in proposing a delayed implementation, the Board determined that this would be too restrictive given the amount of RVTs currently registered in California.

2036 (b)(6): The Board removed this proposed adoption from the regulatory proposal. In response to concerns from the profession, the Board determined it would create an undo hardship on veterinary facilities who do not or can not employ registered veterinary technicians. Even in proposing a delayed implementation, the Board determined that this would be too restrictive given the amount of RVTs currently registered in California.

2036 (c)(1): The Board removed this proposed adoption from the regulatory proposal based on a recommendation from legal counsel. The Board determined that there may be other laws (state and federal) that affect this proposed change and in removing this section may pursue this in another regulatory proposal at another time.

Based on the modified proposal, a 15-day notice was mailed to all persons who commented. Those comments will be responded to further in the Final Statement of Reasons.

The Board rejected the comment regarding the adoption of section 2036(b)(5). The Board adopted this section as proposed.

By law, only veterinarians may perform surgery on animals; however, based on testimony and evidence submitted during public meetings over a two year period and testimony submitted during the public comment period, the Board determined that creating a relief hole in the skin for the specific purpose of facilitating placement of an intravascular catheter is a very limited procedure that does not constitute surgery. This procedure may be necessary to create an access hole in cases of severe dehydration, low blood pressure, shock or other conditions that prevent normal placement of the intravascular catheter. The new, multi-lumen catheters require a slightly larger access hole in the skin to facilitate catheter placement.

The Board has determined that the procedure involved in creating a small relief hole in the skin to facilitate intravascular catheter placement does require training and skill at the level of an RVT and direct supervision, but that performing the actual procedure does not require the skills and knowledge of a veterinarian.

Comments #509 and 510 in support of authorizing RVTs to perform this task, 1) dispute the contention that creating a small relief hole in the skin to facilitate placement of the new “multi-lumen” catheters is surgery and 2) provide a detailed description (with photographs) of the procedure by which the relief hole is created and the catheters are inserted.

In Business and Professions Code, Section 4836, the California Legislature has authorized Veterinary Medical Board to establish animal health care tasks and an appropriate degree of supervision required for those tasks that may be performed only by a registered veterinary technician or a veterinarian. The Veterinary Practice Act does not define surgery and the Board has, in the past, made determinations as to whether a procedure is surgery on a case-by-case basis.

One example of a task in which the Board originally determined the procedure to be surgery and then reversed its decision several years later is the microchip implantation procedure. When identification microchip implantation procedures were first introduced, the Board determined that the procedure was surgery based on the size of the needle used to implant the microchip (12 gauge). After approximately four (4) years and after several million microchips were implanted with no complications, the Board reversed its position and determined that, not only was the microchip implantation procedure not surgery, it was not even the practice of veterinary medicine, thus allowing the procedure to be performed at animal shelters and/or veterinary hospitals by RVTs and unregistered assistants.

There are multiple procedures performed in a veterinary setting that require penetrating the skin with a sharp object that do not constitute surgery. Such procedures include suturing the skin, injections, drawing blood samples, drawing urine samples from the bladder and placing intravascular catheters. These procedures are not considered surgery, in spite of the fact that they all require cutting the skin. In fact, under existing law, all of these procedures, except for suturing of the skin, may be delegated by a veterinarian to an unregistered assistant.

The RVT job tasks established by the Board are permissive in nature and do not require mandatory delegation. Veterinarians who do not have RVTs on staff, or who do not feel that the RVTs they do have are qualified, are not obligated to delegate any particular task to an RVT and may always choose to perform any particular task themselves.

The above comments were opposed to the proposed regulatory changes/adoptions.

2036 (b)(5): creates a new task that can be performed by RVTs under direct supervision of a licensed veterinarian. The proposed language restricts the task of “creating a relief hole in the skin to facilitate placement of an intravascular catheter” to licensed veterinarians or to RVTs under direct supervision of a licensed veterinarian.

2036 (b)(1): effective January 1, 2012, restricts to veterinarians and RVTs under direct supervision of a licensed veterinarian, in addition to induction, the maintenance and monitoring of anesthesia. The delayed implementation date is designed to address concerns from the profession of a shortage of RVTs and to allow time for potential RVTs to become eligible for the state examination and to become registered.

2036 (b)(6): effective January 1, 2012, restricts the administration of intravenous cytotoxic antineoplastic chemotherapy drugs to veterinarians or RVTs under direct supervision of a licensed veterinarian.

2036 (b)(5) By law, only veterinarians may perform surgery on animals; however, based on testimony and evidence submitted during public meetings over a two year period and testimony submitted during the public comment period, the Board determined that creating a relief hole in the skin for the specific purpose of facilitating placement of an intravascular catheter is a very limited procedure that does not constitute surgery. This procedure may be necessary to create an access hole in cases of severe dehydration, low blood pressure, shock or other conditions that prevent normal placement of the intravascular catheter. The new, multi-lumen catheters require a slightly larger access hole in the skin to facilitate catheter placement.

The Board has determined that the procedure involved in creating a small relief hole in the skin to facilitate intravascular catheter placement does require training and skill at the level of an RVT and direct supervision, but that performing the actual procedure does not require the skills and knowledge of a veterinarian.

Comments #509 and 510 in support of authorizing RVTs to perform this task, 1) dispute the contention that creating a small relief hole in the skin to facilitate placement of the new “multi-lumen” catheters is surgery and 2) provide a detailed description (with photographs) of the procedure by which the relief hole is created and the catheters are inserted.

In Business and Professions Code, Section 4836, the California Legislature has authorized Veterinary Medical Board to establish animal health care tasks and an appropriate degree of supervision required for those tasks that may be performed only by a registered veterinary technician or a veterinarian. The Veterinary Practice Act does not define surgery and the Board has, in the past, made determinations as to whether a procedure is surgery on a case-by-case basis.

One example of a task in which the Board originally determined the procedure to be surgery and then reversed its decision several years later is the microchip implantation procedure. When identification microchip implantation procedures were first introduced, the Board determined that the procedure was surgery based on the size of the needle used to implant the microchip (12 gauge). After approximately four (4) years and after several million microchips were implanted with no complications, the Board reversed its position and

determined that, not only was the microchip implantation procedure not surgery, it was not even the practice of veterinary medicine, thus allowing the procedure to be performed at animal shelters and/or veterinary hospitals by RVTs and unregistered assistants.

There are multiple procedures performed in a veterinary setting that require penetrating the skin with a sharp object that do not constitute surgery. Such procedures include suturing the skin, injections, drawing blood samples, drawing urine samples from the bladder and placing intravascular catheters. These procedures are not considered surgery, in spite of the fact that they all require cutting the skin. In fact, under existing law, all of these procedures, except for suturing of the skin, may be delegated by a veterinarian to an unregistered assistant.

The RVT job tasks established by the Board are permissive in nature and do not require mandatory delegation. Veterinarians who do not have RVTs on staff, or who do not feel that the RVTs they do have are qualified, are not obligated to delegate any particular task to an RVT and may always choose to perform any particular task themselves.

2036 (b)(1): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits.

Action: The Board removed this section from the proposed regulatory language for further study.

2036 (b)(6): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits.

Action: The Board removed this section from the proposed regulatory language for further study.

Comment: 63, 242, 269, 286

OPPOSED – SECTIONS 2036 (b5), (b1), (c1)

The above comments were opposed to the proposed regulatory changes/adoptions.

2036 (b)(5): creates a new task that can be performed by RVTs under direct supervision of a licensed veterinarian. The proposed language restricts the task of “creating a relief hole in the skin to facilitate placement of an intravascular cathether” to licensed veterinarians or to RVTs under direct supervision of a licensed veterinarian.

2036 (b)(1): effective January 1, 2012, restricts to veterinarians and RVTs under direct supervision of a licensed veterinarian, in addition to induction, the maintenance and monitoring of anesthesia. The delayed implementation date is designed to address concerns from the profession of a shortage of RVTs and to allow time for potential RVTs to become eligible for the state examination and to become registered.

2036 (c)(1): effective January 1, 2012, restricts the administration of controlled substances via injection to veterinarians or RVTs under direct or indirect supervision of a licensed veterinarian.

The comments regarding section 2036 (b)(1), and (c)(1) were accepted and the following modification was made:

2036 (b)(1): The Board removed this proposed adoption from the regulatory proposal. In response to concerns from the profession, the Board determined it would create an undo hardship on veterinary facilities who do not or can not employ registered veterinary technicians. Even in proposing a delayed implementation, the Board determined that this would be too restrictive given the amount of RVTs currently registered in California.

2036 (c)(1): The Board removed this proposed adoption from the regulatory proposal based on a recommendation from legal counsel. The Board determined that there may be other laws (state and federal) that affect this proposed change and in removing this section may pursue this in another regulatory proposal at another time.

Based on the modified proposal, a 15-day notice was mailed to all persons who commented. Those comments will be responded to further in the Final Statement of Reasons.

The Board rejected the comment regarding the adoption of section 2036(b)(5). The Board adopted this section as proposed.

By law, only veterinarians may perform surgery on animals; however, based on testimony and evidence submitted during public meetings over a two year period and testimony submitted during the public comment period, the Board determined that creating a relief hole in the skin for the specific purpose of facilitating placement of an intravascular catheter is a very limited procedure that does not constitute surgery. This procedure may be necessary to create an access hole in cases of severe dehydration, low blood pressure, shock or other conditions that prevent normal placement of the intravascular catheter. The new, multi-lumen catheters require a slightly larger access hole in the skin to facilitate catheter placement.

The Board has determined that the procedure involved in creating a small relief hole in the skin to facilitate intravascular catheter placement does require training and skill at the level of an RVT and direct supervision, but that performing the actual procedure does not require the skills and knowledge of a veterinarian.

Comments #509 and 510 in support of authorizing RVTs to perform this task, 1) dispute the contention that creating a small relief hole in the skin to facilitate placement of the new “multi-lumen” catheters is surgery and 2) provide a detailed description (with photographs) of the procedure by which the relief hole is created and the catheters are inserted.

In Business and Professions Code, Section 4836, the California Legislature has authorized Veterinary Medical Board to establish animal health care tasks and an appropriate degree of supervision required for those tasks that may be performed only by a registered veterinary technician or a veterinarian. The Veterinary Practice Act does not define surgery and the Board has, in the past, made determinations as to whether a procedure is surgery on a case-by-case basis.

One example of a task in which the Board originally determined the procedure to be surgery and then reversed its decision several years later is the microchip implantation procedure. When identification microchip implantation procedures were first introduced, the Board determined that the procedure was surgery based on the size of the needle used to implant the microchip (12 gauge). After approximately four (4) years and after several million microchips were implanted with no complications, the Board reversed its position and determined that, not only was the microchip implantation procedure not surgery, it was not even the practice of veterinary medicine, thus allowing the procedure to be performed at animal shelters and/or veterinary hospitals by RVTs and unregistered assistants.

There are multiple procedures performed in a veterinary setting that require penetrating the skin with a sharp object that do not constitute surgery. Such procedures include suturing the skin, injections, drawing blood samples, drawing urine samples from the bladder and placing intravascular catheters. These procedures are not considered surgery, in spite of the fact that they all require cutting the skin. In fact, under existing law, all of these procedures, except for suturing of the skin, may be delegated by a veterinarian to an unregistered assistant.

The RVT job tasks established by the Board are permissive in nature and do not require mandatory delegation. Veterinarians who do not have RVTs on staff, or who do not feel that the RVTs they do have are qualified, are not obligated to delegate any particular task to an RVT and may always choose to perform any particular task themselves.

Comment: 41, 208

OPPOSED – SECTIONS 2036 (b6), (b1), (c1)

The above comments were opposed to the proposed regulatory changes/adoptions.

2036 (b)(1): effective January 1, 2012, restricts to veterinarians and RVTs under direct supervision of a licensed veterinarian, in addition to induction, the maintenance and monitoring of anesthesia. The delayed implementation date is designed to address concerns from the profession of a shortage of RVTs and to allow time for potential RVTs to become eligible for the state examination and to become registered.

2036 (b)(6): effective January 1, 2012, restricts the administration of intravenous cytotoxic antineoplastic chemotherapy drugs to veterinarians or RVTs under direct supervision of a licensed veterinarian.

2036 (c)(1): effective January 1, 2012, restricts the administration of controlled substances via injection to veterinarians or RVTs under direct or indirect supervision of a licensed veterinarian.

The comments regarding section 2036 (b)(1), (b)(6) and (c)(1) were accepted and the following modification was made:

2036 (b)(1): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

2036 (b)(6): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

2036 (c)(1): The Board removed this proposed adoption from the regulatory proposal based on a recommendation from legal counsel. The Board determined that there may be other laws (state and federal) that affect this proposed change and removed the language for further study and input from legal counsel.

Based on the modified proposal, a 15-day notice was mailed to all persons who commented. Those comments will be responded to further in the Final Statement of Reasons.

Comment: 14, 249-50, 268, 271-73, 283-88, 290, 292, 295-97, 320-22, 385-99, 407, 425, 452
OPPOSED – SECTIONS 2036 (b5), (b1)

The above comments were opposed to the proposed regulatory changes/adoptions.

2036 (b)(5): creates a new task that can be performed by RVTs under direct supervision of a licensed veterinarian. The proposed language restricts the task of “creating a relief hole in the skin to facilitate placement of an intravascular catheter” to licensed veterinarians or to RVTs under direct supervision of a licensed veterinarian.

2036 (b)(1): effective January 1, 2012, restricts to veterinarians and RVTs under direct supervision of a licensed veterinarian, in addition to induction, the maintenance and monitoring of anesthesia. The delayed implementation date is designed to address concerns from the profession of a shortage of RVTs and to allow time for potential RVTs to become eligible for the state examination and to become registered.

2036 (b)(1): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

Comment: 491

OPPOSED – SECTIONS 2036 (b6), (c1)

The above comment was opposed to the proposed regulatory changes/adoptions.

2036 (b)(6): effective January 1, 2012, restricts the administration of intravenous cytotoxic antineoplastic chemotherapy drugs to veterinarians or RVTs under direct supervision of a licensed veterinarian.

2036 (c)(1): effective January 1, 2012, restricts the administration of controlled substances via injection to veterinarians or RVTs under direct or indirect supervision of a licensed veterinarian.

2036 (b)(6): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

2036 (c)(1): The Board removed this proposed adoption from the regulatory proposal based on a recommendation from legal counsel. The Board determined that there may be other laws (state and federal) that affect this proposed change and removed the language for further study and input from legal counsel.

Comment: 129

OPPOSED – SECTIONS 2036 (b1), (c1)

The above comment was opposed to the proposed regulatory changes/adoptions.

2036 (b)(1): effective January 1, 2012, restricts to veterinarians and RVTs under direct supervision of a licensed veterinarian, in addition to induction, the maintenance and monitoring of anesthesia. The delayed implementation date is designed to address concerns from the profession of a shortage of RVTs and to allow time for potential RVTs to become eligible for the state examination and to become registered.

2036 (b)(6): effective January 1, 2012, restricts the administration of intravenous cytotoxic antineoplastic chemotherapy drugs to veterinarians or RVTs under direct supervision of a licensed veterinarian.

2036 (c)(1): effective January 1, 2012, restricts the administration of controlled substances via injection to veterinarians or RVTs under direct or indirect supervision of a licensed veterinarian.

2036 (b)(1): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

2036 (b)(6): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

2036 (c)(1): The Board removed this proposed adoption from the regulatory proposal based on a recommendation from legal counsel. The Board determined that there may be other laws (state and federal) that affect this proposed change and removed the language for further study and input from legal counsel.

Comment: 323, 418-19, 494

OPPOSED – SECTIONS 2036 (b6), (c1)

The above comments were opposed to the proposed regulatory changes/adoptions.

2036 (b)(1): effective January 1, 2012, restricts to veterinarians and RVTs under direct supervision of a licensed veterinarian, in addition to induction, the maintenance and monitoring of anesthesia. The delayed implementation date is designed to address concerns from the profession of a shortage of RVTs and to allow time for potential RVTs to become eligible for the state examination and to become registered.

2036 (b)(6): effective January 1, 2012, restricts the administration of intravenous cytotoxic antineoplastic chemotherapy drugs to veterinarians or RVTs under direct supervision of a licensed veterinarian.

2036 (b)(1): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

2036 (b)(6): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

Comment: 17, 54, 248, 293, 355

OPPOSED – SECTIONS 2036 (b1)

The above comments were opposed to the proposed regulatory changes/adoptions.

2036 (b)(1): effective January 1, 2012, restricts to veterinarians and RVTs under direct supervision of a licensed veterinarian, in addition to induction, the maintenance and monitoring of anesthesia. The delayed implementation date is designed to address concerns from the profession of a shortage of RVTs and to allow time for potential RVTs to become eligible for the state examination and to become registered.

2036 (b)(1): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

Comment: 498

OPPOSED – SECTIONS 2036 (c)(1)

The above comment was opposed to the proposed regulatory changes/adoptions.

2036 (c)(1): effective January 1, 2012, restricts the administration of controlled substances via injection to veterinarians or RVTs under direct or indirect supervision of a licensed veterinarian.

2036 (c)(1): The Board removed this proposed adoption from the regulatory proposal based on a recommendation from legal counsel. The Board determined that there may be other laws (state and federal) that affect this proposed change and removed the language for further study and input from legal counsel.

Comment: 20, 147, 247, 280

REJECTED COMMENTS – Not related to regulatory proposal

WRITTEN COMMENTS RECEIVED AT THE PUBLIC HEARING

Written:

Three hundred and fifty-three (353) comments were hand delivered to the public hearing. Of the 353, six (6) were original letters and 347 were form letters with an “agree” or “disagree” option at the bottom.

Of the original letters, one was support and five were opposed to all of the changes.

The form letters were as follows:

Support – all changes – 17

Oppose all changes – 328

Mixed support and opposition – 2

Comment: 511

This comment was rejected. The letter was a form letter with the person not indicating whether they agreed or disagreed with the proposal.

Comments: 512, 513

SUPPORT – SECTION 2036 (b5)

The above comments supported the proposed regulatory changes/adoptions:

2036 (b)(5): creates a new task that can be performed by RVTs under direct supervision of a licensed veterinarian. The proposed language restricts the task of “creating a relief hole in the skin to facilitate placement of an intravascular catheter” to licensed veterinarians or to RVTs under direct supervision of a licensed veterinarian.

Adopted: The Board adopted 2036 (b) (5) as proposed.

OPPOSED – SECTIONS 2036 (b1), (c1)

The above comment was opposed to the proposed regulatory changes/adoptions.

2036 (b)(1): effective January 1, 2012, restricts to veterinarians and RVTs under direct supervision of a licensed veterinarian, in addition to induction, the maintenance and monitoring of anesthesia. The delayed implementation date is designed to address concerns from the profession of a shortage of RVTs and to allow time for potential RVTs to become eligible for the state examination and to become registered.

2036 (c)(1): effective January 1, 2012, restricts the administration of controlled substances via injection to veterinarians or RVTs under direct or indirect supervision of a licensed veterinarian.

2036 (b)(1): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

2036 (c)(1): The Board removed this proposed adoption from the regulatory proposal based on a recommendation from legal counsel. The Board determined that there may be other laws (state and federal) that affect this proposed change and removed the language for further study and input from legal counsel.

Comments: 514-531

SUPPORT – ALL CHANGES. The above comments supported all of the proposed changes.

These comments were accepted.

Comment: 532

The above comment was opposed to the proposed regulatory changes/adoptions.

OPPOSED – SECTIONS 2036 (b4), (b5), (b6), (b1) and (c1)

The above comments were opposed to the proposed regulatory changes/adoptions.

2036 (b)(5): creates a new task that can be performed by RVTs under direct supervision of a licensed veterinarian. The proposed language restricts the task of “creating a relief hole in the skin to

facilitate placement of an intravascular catheter” to licensed veterinarians or to RVTs under direct supervision of a licensed veterinarian.

2036 (b)(1): effective January 1, 2012, restricts to veterinarians and RVTs under direct supervision of a licensed veterinarian, in addition to induction, the maintenance and monitoring of anesthesia. The delayed implementation date is designed to address concerns from the profession of a shortage of RVTs and to allow time for potential RVTs to become eligible for the state examination and to become registered.

2036 (b)(4) This amendment expands the scope of authority for RVTs to include suturing of cutaneous and subcutaneous tissues and gingival and oral mucous membranes.

2036 (b)(6): effective January 1, 2012, restricts the administration of intravenous cytotoxic antineoplastic chemotherapy drugs to veterinarians or RVTs under direct supervision of a licensed veterinarian.

2036 (c)(1): effective January 1, 2012, restricts the administration of controlled substances via injection to veterinarians or RVTs under direct or indirect supervision of a licensed veterinarian.

The comments regarding section 2036 (b)(1), (b)(6) and (c)(1) were accepted and the following modification was made:

2036 (b)(1): The Board removed this proposed adoption from the regulatory proposal. In response to concerns from the profession, the Board determined it would create an undo hardship on veterinary facilities who do not or can not employ registered veterinary technicians. Even in proposing a delayed implementation, the Board determined that this would be too restrictive given the amount of RVTs currently registered in California.

2036 (b)(6): The Board removed this proposed adoption from the regulatory proposal. In response to concerns from the profession, the Board determined it would create an undo hardship on veterinary facilities who do not or can not employ registered veterinary technicians. Even in proposing a delayed implementation, the Board determined that this would be too restrictive given the amount of RVTs currently registered in California.

2036 (c)(1): The Board removed this proposed adoption from the regulatory proposal based on a recommendation from legal counsel. The Board determined that there may be other laws (state and federal) that affect this proposed change and in removing this section may pursue this in another regulatory proposal at another time.

Based on the modified proposal, a 15-day notice was mailed to all persons who commented. Those comments will be responded to further in the Final Statement of Reasons.

The Board rejected the comment regarding the adoption of section 2036(b)(4)

The particular tasks included in the proposed amendment were identified as tasks that had a lower potential for patient harm, but as tasks that require advanced training, e.g., an RVT. This advanced training is a required component of California approved RVT programs and the California state certification examination.

The Board rejected the comment regarding the adoption of section 2036(b)(5). The Board adopted this section as proposed.

By law, only veterinarians may perform surgery on animals; however, based on testimony and evidence submitted during public meetings over a two year period and testimony submitted during

the public comment period, the Board determined that creating a relief hole in the skin for the specific purpose of facilitating placement of an intravascular catheter is a very limited procedure that does not constitute surgery. This procedure may be necessary to create an access hole in cases of severe dehydration, low blood pressure, shock or other conditions that prevent normal placement of the intravascular catheter. The new, multi-lumen catheters require a slightly larger access hole in the skin to facilitate catheter placement.

The Board has determined that the procedure involved in creating a small relief hole in the skin to facilitate intravascular catheter placement does require training and skill at the level of an RVT and direct supervision, but that performing the actual procedure does not require the skills and knowledge of a veterinarian.

Comments #509 and 510 in support of authorizing RVTs to perform this task, 1) dispute the contention that creating a small relief hole in the skin to facilitate placement of the new “multi-lumen” catheters is surgery and 2) provide a detailed description (with photographs) of the procedure by which the relief hole is created and the catheters are inserted.

In Business and Professions Code, Section 4836, the California Legislature has authorized Veterinary Medical Board to establish animal health care tasks and an appropriate degree of supervision required for those tasks that may be performed only by a registered veterinary technician or a veterinarian. The Veterinary Practice Act does not define surgery and the Board has, in the past, made determinations as to whether a procedure is surgery on a case-by-case basis.

One example of a task in which the Board originally determined the procedure to be surgery and then reversed its decision several years later is the microchip implantation procedure. When identification microchip implantation procedures were first introduced, the Board determined that the procedure was surgery based on the size of the needle used to implant the microchip (12 gauge). After approximately four (4) years and after several million microchips were implanted with no complications, the Board reversed its position and determined that, not only was the microchip implantation procedure not surgery, it was not even the practice of veterinary medicine, thus allowing the procedure to be performed at animal shelters and/or veterinary hospitals by RVTs and unregistered assistants.

There are multiple procedures performed in a veterinary setting that require penetrating the skin with a sharp object that do not constitute surgery. Such procedures include suturing the skin, injections, drawing blood samples, drawing urine samples from the bladder and placing intravascular catheters. These procedures are not considered surgery, in spite of the fact that they all require cutting the skin. In fact, under existing law, all of these procedures, except for suturing of the skin, may be delegated by a veterinarian to an unregistered assistant.

The RVT job tasks established by the Board are permissive in nature and do not require mandatory delegation. Veterinarians who do not have RVTs on staff, or who do not feel that the RVTs they do have are qualified, are not obligated to delegate any particular task to an RVT and may always choose to perform any particular task themselves.

Comment: 533

OPPOSED – SECTIONS 2036 (b1), (c1)

The above comment was opposed to the proposed regulatory changes/adoptions.

2036 (b)(1): effective January 1, 2012, restricts to veterinarians and RVTs under direct supervision of a licensed veterinarian, in addition to induction, the maintenance and monitoring of anesthesia. The delayed implementation date is designed to address concerns from the profession of a shortage of

RVTs and to allow time for potential RVTs to become eligible for the state examination and to become registered.

2036 (c)(1): effective January 1, 2012, restricts the administration of controlled substances via injection to veterinarians or RVTs under direct or indirect supervision of a licensed veterinarian.

2036 (b)(1): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

2036 (c)(1): The Board removed this proposed adoption from the regulatory proposal based on a recommendation from legal counsel. The Board determined that there may be other laws (state and federal) that affect this proposed change and removed the language for further study and input from legal counsel.

Comment: 534-864

OPPOSED – ALL CHANGES

SECTIONS 2032.4, 2034, 2036.5 and 2036 (b)(1), (b)(2), (b)(3) and (b)(4)

The above comments were opposed to the proposed regulatory changes/adoptions.

Sections 2032.4, 2034, and 2036.5 - The Board rejected the comments regarding these sections.

The Board determined that the minor grammatical and non-substantive changes to sections 2032.4, 2034, and 2036.5 were necessary for clarity reasons.

Sections 2036(b)(1), 2036(b)(2), 2036(b)(3), 2036 (b)(4) -The Board rejected the comments regarding these sections:

The change to existing language in 2036 (b)(1), to limit all aspects of the anesthesia induction to licensed or certified personnel is based on the high potential for harm or death of an animal during the process of anesthesia induction.

The changes to Section 2036 (b)(2-4) are grammatical in nature to put the language in plain English and make it clearer and easier to read.

Section 2036 (b)(5) - The Board rejected the comments regarding this section and adopted it as proposed:

By law, only veterinarians may perform surgery on animals; however, based on testimony and evidence submitted during public meetings over a two year period and testimony submitted during the public comment period, the Board determined that creating a relief hole in the skin for the specific purpose of facilitating placement of an intravascular catheter is a very limited procedure that does not constitute surgery. This procedure may be necessary to create an access hole in cases of severe dehydration, low blood pressure, shock or other conditions that prevent normal placement of the intravascular catheter. The new, multi-lumen catheters require a slightly larger access hole in the skin to facilitate catheter placement.

The Board has determined that the procedure involved in creating a small relief hole in the skin to facilitate intravascular catheter placement does require training and skill at the level of an RVT and

direct supervision, but that performing the actual procedure does not require the skills and knowledge of a veterinarian.

Comments #509 and 510 support authorizing RVTs to perform this task, dispute the contention that creating a small relief hole in the skin to facilitate placement of the new “multi-lumen” catheters is surgery and provide a detailed description (with photographs) of the procedure by which the relief hole is created and the catheters are inserted.

In Business and Professions Code, Section 4836, the California Legislature has authorized Veterinary Medical Board to establish animal health care tasks and an appropriate degree of supervision required for those tasks that may be performed only by a registered veterinary technician or a veterinarian. The Veterinary Practice Act does not define surgery and the Board has, in the past, made determinations as to whether a procedure is surgery on a case-by-case basis.

One example of a task in which the Board originally determined the procedure to be surgery and then reversed its decision several years later is the microchip implantation procedure. When identification microchip implantation procedures were first introduced, the Board determined that the procedure was surgery based on the size of the needle used to implant the microchip (12 gauge). After approximately four (4) years and after several million microchips were implanted with no complications, the Board reversed its position and determined that, not only was the microchip implantation procedure not surgery, it was not even the practice of veterinary medicine, thus allowing the procedure to be performed at animal shelters and/or veterinary hospitals by RVTs and unregistered assistants.

There are multiple procedures performed in a veterinary setting that require penetrating the skin with a sharp object that do not constitute surgery. Such procedures include suturing the skin, injections, drawing blood samples, drawing urine samples from the bladder and placing intravascular catheters. These procedures are not considered surgery, in spite of the fact that they all require cutting the skin. In fact, under existing law, all of these procedures, except for suturing of the skin, may be delegated by a veterinarian to an unregistered assistant.

The RVT job tasks established by the Board are permissive in nature and do not require mandatory delegation. Veterinarians who do not have RVTs on staff, or who do not feel that the RVTs they do have are qualified, are not obligated to delegate any particular task to an RVT and may always choose to perform any particular task themselves.

ORAL COMMENTS RECEIVED DURING THE PUBLIC HEARING

Comments: 865, 868, 870-874, 876-878, 885

OPPOSED – SECTIONS 2036 (b6), (b1), (c1)

The above comments were opposed to the proposed regulatory changes/adoptions.

2036 (b)(1): effective January 1, 2012, restricts to veterinarians and RVTs under direct supervision of a licensed veterinarian, in addition to induction, the maintenance and monitoring of anesthesia. The delayed implementation date is designed to address concerns from the profession of a shortage of RVTs and to allow time for potential RVTs to become eligible for the state examination and to become registered.

2036 (b)(6): effective January 1, 2012, restricts the administration of intravenous cytotoxic antineoplastic chemotherapy drugs to veterinarians or RVTs under direct supervision of a licensed veterinarian.

2036 (c)(1): effective January 1, 2012, restricts the administration of controlled substances via injection to veterinarians or RVTs under direct or indirect supervision of a licensed veterinarian.

The comments regarding section 2036 (b)(1), (b)(6) and (c)(1) were accepted and the following modification was made:

2036 (b)(1): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

2036 (b)(6): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

2036 (c)(1): The Board removed this proposed adoption from the regulatory proposal based on a recommendation from legal counsel. The Board determined that there may be other laws (state and federal) that affect this proposed change and removed the language for further study and input from legal counsel.

Based on the modified proposal, a 15-day notice was mailed to all persons who commented. Those comments will be responded to further in the Final Statement of Reasons.

Comment: 866

The above comment was opposed to the proposed regulatory changes/adoptions.
OPPOSED – SECTIONS 2036 (b4), (b5), (b6), (b1) and (c1)

The above comments were opposed to the proposed regulatory changes/adoptions.

2036 (b)(5): creates a new task that can be performed by RVTs under direct supervision of a licensed veterinarian. The proposed language restricts the task of “creating a relief hole in the skin to facilitate placement of an intravascular cathether” to licensed veterinarians or to RVTs under direct supervision of a licensed veterinarian.

2036 (b)(1): effective January 1, 2012, restricts to veterinarians and RVTs under direct supervision of a licensed veterinarian, in addition to induction, the maintenance and monitoring of anesthesia. The delayed implementation date is designed to address concerns from the profession of a shortage of RVTs and to allow time for potential RVTs to become eligible for the state examination and to become registered.

2036 (b)(4) This amendment expands the scope of authority for RVTs to include suturing of cutaneous and subcutaneous tissues and gingival and oral mucous membranes.

2036 (b)(6): effective January 1, 2012, restricts the administration of intravenous cytotoxic antineoplastic chemotherapy drugs to veterinarians or RVTs under direct supervision of a licensed veterinarian.

2036 (c)(1): effective January 1, 2012, restricts the administration of controlled substances via injection to veterinarians or RVTs under direct or indirect supervision of a licensed veterinarian.

The comments regarding section 2036 (b)(1), (b)(6) and (c)(1) were accepted and the following modification was made:

2036 (b)(1): The Board removed this proposed adoption from the regulatory proposal. In response to concerns from the profession, the Board determined it would create an undo hardship on veterinary facilities who do not or can not employ registered veterinary technicians. Even in proposing a delayed implementation, the Board determined that this would be too restrictive given the amount of RVTs currently registered in California.

2036 (b)(6): The Board removed this proposed adoption from the regulatory proposal. In response to concerns from the profession, the Board determined it would create an undo hardship on veterinary facilities who do not or can not employ registered veterinary technicians. Even in proposing a delayed implementation, the Board determined that this would be too restrictive given the amount of RVTs currently registered in California.

2036 (c)(1): The Board removed this proposed adoption from the regulatory proposal based on a recommendation from legal counsel. The Board determined that there may be other laws (state and federal) that affect this proposed change and in removing this section may pursue this in another regulatory proposal at another time.

Based on the modified proposal, a 15-day notice was mailed to all persons who commented. Those comments will be responded to further in the Final Statement of Reasons.

The Board rejected the comment regarding the adoption of section 2036(b)(4)

The particular tasks included in the proposed amendment were identified as tasks that had a lower potential for patient harm, but as tasks that require advanced training, e.g., an RVT. This advanced training is a required component of California approved RVT programs and the California state certification examination.

The Board rejected the comment regarding the adoption of section 2036(b)(5). The Board adopted this section as proposed.

By law, only veterinarians may perform surgery on animals; however, based on testimony and evidence submitted during public meetings over a two year period and testimony submitted during the public comment period, the Board determined that creating a relief hole in the skin for the specific purpose of facilitating placement of an intravascular catheter is a very limited procedure that does not constitute surgery. This procedure may be necessary to create an access hole in cases of severe dehydration, low blood pressure, shock or other conditions that prevent normal placement of the intravascular catheter. The new, multi-lumen catheters require a slightly larger access hole in the skin to facilitate catheter placement.

The Board has determined that the procedure involved in creating a small relief hole in the skin to facilitate intravascular catheter placement does require training and skill at the level of an RVT and direct supervision, but that performing the actual procedure does not require the skills and knowledge of a veterinarian.

Comments #509 and 510 in support of authorizing RVTs to perform this task, 1) dispute the contention that creating a small relief hole in the skin to facilitate placement of the new “multi-lumen” catheters is surgery and 2) provide a detailed description (with photographs) of the procedure by which the relief hole is created and the catheters are inserted.

In Business and Professions Code, Section 4836, the California Legislature has authorized Veterinary Medical Board to establish animal health care tasks and an appropriate degree of supervision required for those tasks that may be performed only by a registered veterinary technician or a veterinarian. The Veterinary Practice Act does not define surgery and the Board has, in the past, made determinations as to whether a procedure is surgery on a case-by-case basis.

One example of a task in which the Board originally determined the procedure to be surgery and then reversed its decision several years later is the microchip implantation procedure. When identification microchip implantation procedures were first introduced, the Board determined that the procedure was surgery based on the size of the needle used to implant the microchip (12 gauge). After approximately four (4) years and after several million microchips were implanted with no complications, the Board reversed its position and determined that, not only was the microchip implantation procedure not surgery, it was not even the practice of veterinary medicine, thus allowing the procedure to be performed at animal shelters and/or veterinary hospitals by RVTs and unregistered assistants.

There are multiple procedures performed in a veterinary setting that require penetrating the skin with a sharp object that do not constitute surgery. Such procedures include suturing the skin, injections, drawing blood samples, drawing urine samples from the bladder and placing intravascular catheters. These procedures are not considered surgery, in spite of the fact that they all require cutting the skin. In fact, under existing law, all of these procedures, except for suturing of the skin, may be delegated by a veterinarian to an unregistered assistant.

The RVT job tasks established by the Board are permissive in nature and do not require mandatory delegation. Veterinarians who do not have RVTs on staff, or who do not feel that the RVTs they do have are qualified, are not obligated to delegate any particular task to an RVT and may always choose to perform any particular task themselves.

Comments: 867, 869, 879

OPPOSED – ALL CHANGES

SECTIONS 2032.4, 2034, 2036.5 and 2036 (b)(1), (b)(2), (b)(3) and (b)(4)

The above comments were opposed to the proposed regulatory changes/adoptions.

Sections 2032.4, 2034, and 2036.5 - The Board rejected the comments regarding these sections.

The Board determined that the minor grammatical and non-substantive changes to sections 2032.4, 2034, and 2036.5 were necessary for clarity reasons.

Sections 2036(b)(1), 2036(b)(2), 2036(b)(3), 2036 (b)(4) -The Board rejected the comments regarding these sections:

The change to existing language in 2036 (b)(1), to limit all aspects of the anesthesia induction to licensed or certified personnel is based on the high potential for harm or death of an animal during the process of anesthesia induction.

The changes to Section 2036 (b)(2-4) are grammatical in nature to put the language in plain English and make it clearer and easier to read.

Section 2036 (b)(5) - The Board rejected the comments regarding this section and adopted it as proposed:

By law, only veterinarians may perform surgery on animals; however, based on testimony and evidence submitted during public meetings over a two year period and testimony submitted during the public comment period, the Board determined that creating a relief hole in the skin for the specific purpose of facilitating placement of an intravascular catheter is a very limited procedure that does not constitute surgery. This procedure may be necessary to create an access hole in cases of severe dehydration, low blood pressure, shock or other conditions that prevent normal placement of the intravascular catheter. The new, multi-lumen catheters require a slightly larger access hole in the skin to facilitate catheter placement.

The Board has determined that the procedure involved in creating a small relief hole in the skin to facilitate intravascular catheter placement does require training and skill at the level of an RVT and direct supervision, but that performing the actual procedure does not require the skills and knowledge of a veterinarian.

Comments #509 and 510 support authorizing RVTs to perform this task, dispute the contention that creating a small relief hole in the skin to facilitate placement of the new “multi-lumen” catheters is surgery and provide a detailed description (with photographs) of the procedure by which the relief hole is created and the catheters are inserted.

In Business and Professions Code, Section 4836, the California Legislature has authorized Veterinary Medical Board to establish animal health care tasks and an appropriate degree of supervision required for those tasks that may be performed only by a registered veterinary technician or a veterinarian. The Veterinary Practice Act does not define surgery and the Board has, in the past, made determinations as to whether a procedure is surgery on a case-by-case basis.

One example of a task in which the Board originally determined the procedure to be surgery and then reversed its decision several years later is the microchip implantation procedure. When identification microchip implantation procedures were first introduced, the Board determined that the procedure was surgery based on the size of the needle used to implant the microchip (12 gauge). After approximately four (4) years and after several million microchips were implanted with no complications, the Board reversed its position and determined that, not only was the microchip implantation procedure not surgery, it was not even the practice of veterinary medicine, thus allowing the procedure to be performed at animal shelters and/or veterinary hospitals by RVTs and unregistered assistants.

There are multiple procedures performed in a veterinary setting that require penetrating the skin with a sharp object that do not constitute surgery. Such procedures include suturing the skin, injections, drawing blood samples, drawing urine samples from the bladder and placing intravascular catheters. These procedures are not considered surgery, in spite of the fact that they all require cutting the skin. In fact, under existing law, all of these procedures, except for suturing of the skin, may be delegated by a veterinarian to an unregistered assistant.

The RVT job tasks established by the Board are permissive in nature and do not require mandatory delegation. Veterinarians who do not have RVTs on staff, or who do not feel that the RVTs they do have are qualified, are not obligated to delegate any particular task to an RVT and may always choose to perform any particular task themselves.

Comment: 875

OPPOSED – SECTIONS 2036 (b6), (c1)

The above comments were opposed to the proposed regulatory changes/adoptions.

2036 (b)(1): effective January 1, 2012, restricts to veterinarians and RVTs under direct supervision of a licensed veterinarian, in addition to induction, the maintenance and monitoring of anesthesia. The delayed implementation date is designed to address concerns from the profession of a shortage of RVTs and to allow time for potential RVTs to become eligible for the state examination and to become registered.

2036 (b)(6): effective January 1, 2012, restricts the administration of intravenous cytotoxic antineoplastic chemotherapy drugs to veterinarians or RVTs under direct supervision of a licensed veterinarian.

2036 (b)(1): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

2036 (b)(6): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

Comment: 880-882, 886-887

SUPPORT – ALL CHANGES. The above comments supported all of the proposed changes.

These comments were accepted.

Comment: 883

OPPOSED – SECTIONS 2036 (b5)

The above comment was opposed to the proposed regulatory changes/adoptions.

2036 (b)(5): creates a new task that can be performed by RVTs under direct supervision of a licensed veterinarian. The proposed language restricts the task of “creating a relief hole in the skin to facilitate placement of an intravascular catheter” to licensed veterinarians or to RVTs under direct supervision of a licensed veterinarian.

Section 2036 (b)(5) - The Board rejected the comments regarding this section and adopted it as proposed:

By law, only veterinarians may perform surgery on animals; however, based on testimony and evidence submitted during public meetings over a two year period and testimony submitted during the public comment period, the Board determined that creating a relief hole in the skin for the specific purpose of facilitating placement of an intravascular catheter is a very limited procedure that does not constitute surgery. This procedure may be necessary to create an access hole in cases of severe dehydration, low blood pressure, shock or other conditions that prevent normal placement of the intravascular catheter. The new, multi-lumen catheters require a slightly larger access hole in the skin to facilitate catheter placement.

The Board has determined that the procedure involved in creating a small relief hole in the skin to facilitate intravascular catheter placement does require training and skill at the level of an RVT and direct supervision, but that performing the actual procedure does not require the skills and knowledge of a veterinarian.

Comments #509 and 510 support authorizing RVTs to perform this task, dispute the contention that creating a small relief hole in the skin to facilitate placement of the new “multi-lumen” catheters is surgery and provide a detailed description (with photographs) of the procedure by which the relief hole is created and the catheters are inserted.

In Business and Professions Code, Section 4836, the California Legislature has authorized Veterinary Medical Board to establish animal health care tasks and an appropriate degree of supervision required for those tasks that may be performed only by a registered veterinary technician or a veterinarian. The Veterinary Practice Act does not define surgery and the Board has, in the past, made determinations as to whether a procedure is surgery on a case-by-case basis.

One example of a task in which the Board originally determined the procedure to be surgery and then reversed its decision several years later is the microchip implantation procedure. When identification microchip implantation procedures were first introduced, the Board determined that the procedure was surgery based on the size of the needle used to implant the microchip (12 gauge). After approximately four (4) years and after several million microchips were implanted with no complications, the Board reversed its position and determined that, not only was the microchip implantation procedure not surgery, it was not even the practice of veterinary medicine, thus allowing the procedure to be performed at animal shelters and/or veterinary hospitals by RVTs and unregistered assistants.

There are multiple procedures performed in a veterinary setting that require penetrating the skin with a sharp object that do not constitute surgery. Such procedures include suturing the skin, injections, drawing blood samples, drawing urine samples from the bladder and placing intravascular catheters. These procedures are not considered surgery, in spite of the fact that they all require cutting the skin. In fact, under existing law, all of these procedures, except for suturing of the skin, may be delegated by a veterinarian to an unregistered assistant.

The RVT job tasks established by the Board are permissive in nature and do not require mandatory delegation. Veterinarians who do not have RVTs on staff, or who do not feel that the RVTs they do have are qualified, are not obligated to delegate any particular task to an RVT and may always choose to perform any particular task themselves.

Comment: 884

The above comment was opposed to the proposed regulatory changes/adoptions.

2036 (b)(1): effective January 1, 2012, restricts to veterinarians and RVTs under direct supervision of a licensed veterinarian, in addition to induction, the maintenance and monitoring of anesthesia. The delayed implementation date is designed to address concerns from the profession of a shortage of RVTs and to allow time for potential RVTs to become eligible for the state examination and to become registered.

2036 (b)(1): A large number of comments voiced concern over the implementation of this section due a stated “shortage” of RVTs in the profession resulting in undue hardship for practitioners that would outweigh the consumer and animal benefits. The Board removed this section from the proposed regulatory language for further study.

COMMENTS RECEIVED DURING THE 15-DAY COMMENT PERIOD

Comments: 888-891

Four comments were received during the 15-day comment period. None pertained to the proposed changes and all were rejected.

Finding of Necessity

This regulation will not require licensees to submit a report.